Information for patients and carers

This leaflet can be made available in other formats including large print, CD and Braille and in languages other than English, upon request.

Contents

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is MRSA?</td>
<td>2</td>
</tr>
<tr>
<td>Where does MRSA live?</td>
<td>2</td>
</tr>
<tr>
<td>How is it spread?</td>
<td>2</td>
</tr>
<tr>
<td>How do we prevent the spread of MRSA?</td>
<td>2</td>
</tr>
<tr>
<td>What problems can MRSA cause?</td>
<td>2</td>
</tr>
<tr>
<td>How will I know if I have MRSA?</td>
<td>3</td>
</tr>
<tr>
<td>Why do I need to be screened to see if I am carrying MRSA?</td>
<td>3</td>
</tr>
<tr>
<td>How will I be screened?</td>
<td>3</td>
</tr>
<tr>
<td>How will I get the results?</td>
<td>3</td>
</tr>
<tr>
<td>What if the results of my screening test are not known before my operation or procedure?</td>
<td>4</td>
</tr>
<tr>
<td>What is decolonisation?</td>
<td>4</td>
</tr>
<tr>
<td>What if I am discharged before the results of my screening test are available?</td>
<td>4</td>
</tr>
<tr>
<td>Why do I need MRSA decolonisation treatment?</td>
<td>4</td>
</tr>
<tr>
<td>What does decolonisation treatment involve?</td>
<td>5</td>
</tr>
<tr>
<td>What if I am discharged from hospital before my treatment has completed?</td>
<td>5</td>
</tr>
<tr>
<td>Can MRSA be treated?</td>
<td>6</td>
</tr>
<tr>
<td>Will anything I use need any special cleaning?</td>
<td>6</td>
</tr>
<tr>
<td>Will having MRSA delay my discharge?</td>
<td>6</td>
</tr>
<tr>
<td>Can I go out if I have MRSA?</td>
<td>6</td>
</tr>
<tr>
<td>Who can I contact for further advice?</td>
<td>6</td>
</tr>
<tr>
<td>Contact numbers</td>
<td>7</td>
</tr>
<tr>
<td>Further information is available from:</td>
<td>7</td>
</tr>
<tr>
<td>Reference</td>
<td>7</td>
</tr>
</tbody>
</table>
Methicillin Resistant Staphylococcus aureus (MRSA) screening and decolonisation

This leaflet tells you about Methicillin Resistant Staphylococcus aureus (MRSA), how we screen for it and how it can be treated.

What is MRSA?

MRSA stands for Methicillin Resistant Staphylococcus aureus. Staphylococcus aureus is a bacterium (germ) carried by about 1 in 3 healthy people. MRSA is a form of Staphylococcus aureus that has become resistant to the antibiotic methicillin and some, but not all, of the commonly used antibiotics. MRSA is less common than Staphylococcus aureus and more likely to be found on people who have wounds, catheters or a cannula (a fine tube inserted into a vein in the back of your hand or arm using a small fine needle), and people who are often admitted to hospital.

If you are not well Staphylococcus aureus can develop and cause many different infections that can be treated by antibiotics. However, because the MRSA bacterium has become resistant to some antibiotics, it can be more difficult to treat.

Where does MRSA live?

MRSA can be found anywhere on the human body, for example, on the skin, in the nose, and sometimes in wounds. It can live outside the body for short periods in dust and on surfaces.

How is it spread?

MRSA is usually spread by direct contact, for example, by touch; but can also be spread by dust in the air.

How do we prevent the spread of MRSA?

Keeping hospitals clean and dust free is important but the best way of preventing MRSA spreading is careful hand hygiene by patients, visitors and staff. We expect all of our staff to clean their hands before and after every contact with patients. If you think they may have forgotten, it is your right as a patient to ask them to do so.

Good hand hygiene by patients and visitors is also important. You should ask visitors to clean their hands before and after visiting you.

What problems can MRSA cause?

Most people identified as having MRSA are carrying the bacteria on their body without causing them any infections or harm. When this happens the person is said to be colonised with MRSA.
**Methicillin Resistant Staphylococcus aureus (MRSA) screening and decolonisation**

MRSA can cause problems such as abscesses, boils and wound infections. Sometimes MRSA can cause more serious problems, for example, chest infections and blood poisoning and, like all infections, in extreme cases can be fatal (lead to death).

MRSA does not usually cause illness in healthy people. This includes pregnant women, children and babies.

**How will I know if I have MRSA?**

People with MRSA do not look or feel different from anyone else.

Most adult patients who have a planned admission for an operation or medical procedure are offered a screening test to check if they are carrying MRSA before they are admitted to hospital. This test is also offered to all adult patients admitted as an emergency, including maternity patients.

**Why do I need to be screened to see if I am carrying MRSA?**

If you are admitted to hospital and have a procedure, for example, a cannula or catheter inserted, or you have an operation, you are more likely to develop an infection if you carry MRSA on your skin.

If screening shows you are carrying MRSA we can offer you treatment to reduce your risk of developing an MRSA infection.

**How will I be screened?**

A nurse will ask you if swabs can be taken from your nose, groin (top of your leg) and any wounds you may have. This will not hurt. The swabs will then be sent to a laboratory for testing which will show if you are carrying MRSA and where on your body it is.

**How will I get the results?**

The results of these tests will take 2 - 3 days and will be noted in your healthcare record.

If your results are positive you will be informed and offered treatment.

If your test results are negative you will not usually need any treatment. However, if you are waiting to be admitted for an operation or procedure, you are asked to telephone the clinic where you were screened if, while waiting for your operation, you have been:
Methicillin Resistant Staphylococcus aureus (MRSA) screening and decolonisation

- admitted to a hospital as an inpatient,
- or
- become a resident in a care home.

These changes could mean you need to be screened again and may need to have 5 days decolonisation treatment (to reduce the number of germs on your skin) before your planned operation or procedure.

What if the results of my screening test are not known before my operation or procedure?

If the results of your tests are not known before your operation or procedure you will be offered treatment in case your result is positive. This treatment needs to start before your operation or procedure and will need to be continued afterwards, until a total of 5 days treatment has been completed. This will reduce your risk of developing an MRSA infection.

What is decolonisation?

Decolonisation is treatment to reduce the number of germs on your skin.

What if I am discharged before the results of my screening test are available?

If your test results show you are carrying MRSA we will write to tell you. If you live in a care home the manager or matron will also be told the result. People who are well but are found to be carriers of MRSA do not usually need treatment. If you have a wound, a rash, are due to have any procedure which enters your body or have daily injections, you may be offered the above treatment. We will also tell your GP if your result is positive. Your GP will discuss with you if you need any treatment and will arrange this, if needed.

Why do I need MRSA decolonisation treatment?

If you:

- are due to have a medical operation or procedure and your screening tests are positive, you will be offered decolonisation treatment to reduce your risk of developing an MRSA infection after your procedure.

  This treatment usually needs to start 5 days before your operation or procedure. If this is not possible your nurse will advise you when to start using the treatment. This will need to be continued afterwards, until a total of 5 days treatment has been completed.
Methicillin Resistant Staphylococcus aureus (MRSA) screening and decolonisation

- are admitted to the Critical Care Unit or to the Orthopaedic Trauma Unit (with a bone or spinal injury) you will be given decolonisation treatment. This does not mean you are colonised with MRSA.

- are found to be MRSA positive and are still in hospital, you will be offered treatment to reduce the risk of an MRSA infection developing while you are unwell.

What does decolonisation treatment involve?

The treatment should continue for 5 days in total and involves using:

- **an antiseptic bodywash.** This should be used:
  - once a day instead of soap or shower gel
  - on wet skin and kept on for 3 minutes before rinsing off
  - for 5 days only
  - to wash your hair at least twice on separate days during the 5 days of treatment (keep on for 3 minutes before rinsing off). You can use your own shampoo and conditioner after the bodywash.

- **an antiseptic nasal ointment.** You should:
  - wash your hands before using the ointment
  - apply a small amount of ointment (about the size of a match head) with a cotton bud or fingertip to the inside of each nostril, 3 times a day
  - wash your hands and replace the cap on the tube
  - use for 5 days only.

If you are in hospital and you have completed 5 days of treatment for MRSA, the screening test will be repeated. A second course of treatment may be needed if your swabs still show MRSA.

If you are MRSA positive and are going to have joint replacement surgery or a pacemaker fitted, you will be given 2 courses of decolonisation treatment.

If MRSA is in your wound it may be treated with Octenidine.

If MRSA is causing an infection you may be given antibiotics.

What if I am discharged from hospital before my treatment has completed?

You will be given a supply of decolonisation treatment to continue until the 5 days treatment has been completed.
Can MRSA be treated?

If MRSA is causing an infection you may be given antibiotics to treat it. If you are having an operation and you have MRSA, or have had it in the past, you will be given special antibiotics during your operation. Most patients with MRSA will be cared for in a single room while in hospital and staff caring for them will wear gloves and aprons. This helps to prevent the spread of MRSA.

Will anything I use need any special cleaning?

All household and personal items, for example, clothing or crockery (plates, cups, knives and forks) can be cleaned as normal.

Will having MRSA delay my discharge?

If you have any infection you may need to stay in hospital longer.

If you are only colonised with MRSA you will be able to go home as soon as you are well.

Can I go out if I have MRSA?

Having MRSA should not affect your daily activities, but you should avoid going near anyone who is unwell, or recovering from an operation.

If you have an appointment at your GP's surgery or your hospital Outpatient Department you should let ambulance and clinic staff know you have MRSA. If you have a district nurse visiting you at home you should tell him or her you have MRSA so steps can be taken to prevent MRSA spreading to other people.

Who can I contact for further advice?

If you are in hospital and you have any questions or worries please talk to one of your doctors or nurses. He or she can arrange for you to speak to an infection prevention and control nurse, if needed.

If you are at home and you have any questions or worries please contact your community infection prevention and control nurse telephone: 01642 624711.
Methicillin Resistant Staphylococcus aureus (MRSA) screening and decolonisation

Contact numbers

If you need advice, or have any problems, please contact the appropriate number below.

North Tees and Hartlepool NHS Foundation Trust

Infection Prevention and Control Team
telephone: 01642 383280
Monday - Friday, 8.30 am – 4.30 pm
Further information is available from:

NHS Choices
telephone: 111 (when it is less urgent than 999)
Calls to this number are free from landlines and mobile phones
or via the website at www.nhs.uk

Reference

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This leaflet has been produced in partnership with patients and carers. All patient leaflets are regularly reviewed, and any suggestions you have as to how it may be improved are extremely valuable. Please write to the Quality Assurance Team, University Hospital of North Tees or email: patientinformation@nth.nhs.uk

Comments, Concerns, Compliments or Complaints

We are continually trying to improve the services we provide.

We want to know what we’re doing well or if there’s anything which we can improve, that’s why the Patient Experience Team is here to help.

Our Patient Experience Team is here to try to resolve your concerns as quickly as possible. If you would like to contact or request a copy of our PET leaflet, please contact:

- telephone: 01642 624719
- Monday – Friday, 9.00 am – 4.00 pm
- Messages can be left on the answering machine and will be picked up throughout the day.

- freephone: 0800 092 0084
- Mobile: (can use text): 0779 506 1883
- Email: patientexperience@nth.nhs.uk

Out of hours if you wish to speak to a senior member of Trust staff, please contact the hospital switchboard who will bleep the appropriate person.

- telephone: 01642 617617
- 24 hours a day, 7 days a week

The Patient Experience Team is available to discuss your concerns in person Monday – Friday, 1.30 pm – 4.30 pm. The office is based on the ground floor at the University Hospital of North Tees.

Data Protection and use of patient information

The Trust has developed a Data Protection Policy in accordance with the Data Protection Act 1988 and the Freedom of Information Act 2000. All of our staff respect this policy and confidentiality is adhered to at all times. If you require further information please contact the Information Governance Team.

- telephone: 01642 833551 or email: information.governance@nth.nhs.uk

University Hospital of North Tees, Hardwick, Stockton-on-Tees. TS19 8PE
University Hospital of Hartlepool, Holdforth Road, Hartlepool. TS24 9AH
Telephone: 01642 617617 Fax: 01642 624089